

MEMORANDUM

Agenda Item No. 11(A)(13)

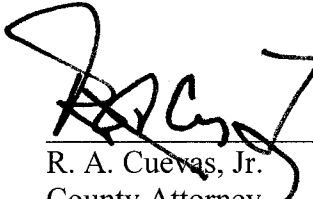
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: October 2, 2007

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
1350 Clinic Groundbreaking
and Birthday Celebration
Event

The accompanying resolution was prepared and placed on the agenda at the request of Chairman Bruno A. Barreiro.



R. A. Cuevas, Jr.
County Attorney

RAC/jls

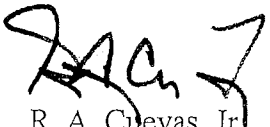


MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: October 2, 2007

FROM: 
R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 11(A)(13)

Please note any items checked.

_____ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised

_____ 6 weeks required between first reading and public hearing

_____ 4 weeks notification to municipal officials required prior to public hearing

_____ Decreases revenues or increases expenditures without balancing budget

_____ Budget required

_____ Statement of fiscal impact required

_____ Bid waiver requiring County Manager's written recommendation

_____ Ordinance creating a new board requires detailed County Manager's report for public hearing

_____ Housekeeping item (no policy decision required)

_____ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11 (A) (13)
10-02-07

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE AUGUST 20, 2007 1350 CLINIC GROUNDBREAKING AND BIRTHDAY CELEBRATION EVENT SPONSORED BY THE MIAMI-DADE COUNTY HEALTH DEPARTMENT, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,026.00 TO BE FUNDED FROM THE DISTRICT 5 IN-KIND RESERVE FUND

WHEREAS, the Miami-Dade County Health Department has requested in-kind services from the Miami-Dade Park and Recreation Department for the August 20, 2007 1350 Clinic Groundbreaking and Birthday Celebration in an amount not to exceed \$1,026.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the groundbreaking and birthday party is to celebration the grand opening of a new replacement clinical facility, which provides free services to Miami-Dade County residents; and

WHEREAS, the Miami-Dade County Health Department is a department of the State of Florida and a not-for-profit organization; and

WHEREAS, the Miami-Dade County Health Department is a district event, as defined in the attached Fee Waiver/In-kind Service Application, and the in-kind services shall be funded from the District 5 In-kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the

August 20, 2007 1350 Clinic Groundbreaking and Birthday Celebration event in an amount not to exceed \$1,026.00 to be funded from the District 5 In-kind Reserve Fund.

The foregoing resolution was sponsored by Chairman Bruno A. Barreiro and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman	
Barbara J. Jordan, Vice-Chairwoman	
Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Dennis C. Moss
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

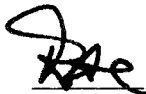
The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of October, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Monica Rizo

#1,024.
Park

**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Delores Green
Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5158

Type of Event/Application (select one of the following):

- ☒ **District Event** - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ **Small Event** - Event of minimal impact not necessarily related to a specific commission district (Complete questions 1-7, sign and date.)
- ☐ **Special Event** - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ **Major Event** - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)
- Note: Event budget must be included for "Special" and "Major" event types.

1. Full legal name of the requesting organization: Miami-Dade County Health Department

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
- ☐ For-Profit
- ☐ Local Government or Public Entity
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Olga Connor,
Miami-Dade County Health Department, 8333 NW 12 Street, Suite 212,
Miami, FL 33126. Tel: 786-336-1276. Email: Olga_Connor@doh.mdcfl.us

4. Specify fee waiver or in-kind service requested (quantity, if applicable): 1 hour mobile - medium

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Miami-Dade County Health Department / 1350 Clinic Groundbreaking /
Birthday Party Celebration.

8/20/07

6. Please select ALL that apply to event:

- ☐ **Economic Development:** Event supports vitality or growth of the local economy
- ☐ **Youth/Education:** Event benefits youth of any age and/or offers educational benefits
- ☒ **Health and Social Services:** Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ **Arts and Culture:** Event supports music, theatre, literature, art or culture
- ☐ **Environmental:** Event benefits environmental concerns or promotes conservation
- ☐ **Sports and Athletics:** Event supports/promotes organized sports or recreational participation

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

7. Physical address of event venues (please specify Commission District(s)): _____
1350 N.W. 14 Street
Miami, FL 33125
8. Description of regional or local impact: _____

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): _____
8:00a.m. to 3:00p.m.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____

11. Expected number of participants and estimated attendance (per day, if applicable): 300
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): _____

I hereby certify that all the statements made in this application are true and correct.

[Signature]
Signature of Authorized Representative

7/16/07
Date

JUN-01-2007 12:28 PM TROPICAL PARK

3055538511

P. 02/02



SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: State of Florida, Department of Health,
Miami-Dade County Health Department

EQUIPMENT REQUESTED: Showmobile (MEDIUM)

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Miami-Dade County Health Dept.
ATTN: Accounts Payable

OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY):
8175 NW 12th Street, 3rd Floor, Miami, FL 33126

BILLING ADDRESS/ ZIP CODE: Miami-Dade County Health Dept. Attn:
Accounts Payable, 8175 NW 12th Street, 3rd Floor, Miami, FL 33126

NAME/TITLE OF THE EVENT: Miami-Dade County Health Department/1350
Clinic Ground Breaking/Birthday Party Celebration.

ADDRESS OF EVENT: 1350 NW 14th Street, Miami, FL 33125

TODAY'S DATE: 6/18/2007 DATE (S) & TIME OF EVENT: 8/20/2007

SET-UP TIME & DAY: 8:00 a.m.

TAKE-DOWN & DAY: 3:00 p.m.

CONTACT PERSON/PHONE: Morton Laitner

AT SITE CONTACT/CELL PHONE #: 786-298-0027

SPECIAL INSTRUCTIONS: Direction Item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as outlined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee \$1,025.00
Signature [Signature]

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group Miami-Dade County Health Dept.

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED
1/2 (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless
the confirmation form is filled out completely and signed.**

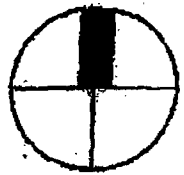
NW 14TH AVENUE

NW 13TH TERRACE

DOWNTOWN UNIT

NW 14TH STREET

N



Balloon Bridge

NW 13TH COURT

PARKING LOT

Chairs
and
Tent

Bldg
#1

Bldg
#10

Bldg
#3

Bldg
#9

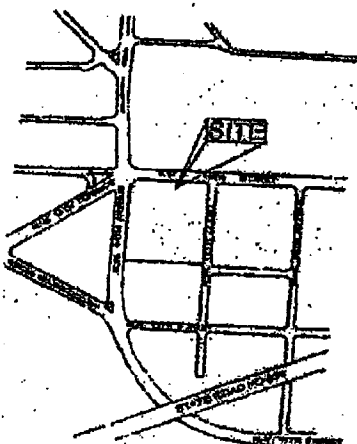
Bldg
#5

Bldg
#2

Bldg
#4

Bldg
#6/8

STATE LAB



LOCATION SKETCH
NOT TO SCALE

FORTIN, LEAVY, SKILES, INC.
CONSULTING ENGINEERS, SURVEYORS & MAPPERS
1801 North 19th Avenue, Denver, Colorado 80202
Telephone 393-4370 • Telex 105-661-7121 • Cable Fortin Leavy Skiles

BOUNDARY SURVEY
BUREAU OF LABORATORIES -- 1325 NW 14th STREET
HEALTH DEPARTMENT - 1950 NW 14th STREET
CITY OF MIAMI, MIAMI-DADE COUNTY, FLORIDA

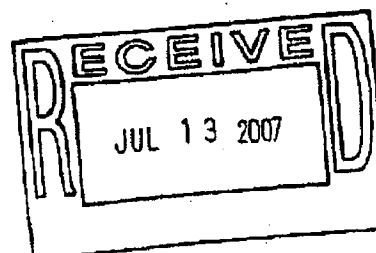
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Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

July 10, 2007

The Honorable Bruno Barreiro
Commissioner, District 5
1454 S.W. 1st Street, Ste. 130
Miami, Florida 33135



Dear Commissioner Barreiro:

The Miami-Dade County Health Department is celebrating the groundbreaking of its main complex replacement facility located at 1350 N.W. 14th Street, Miami, on August 20, 2007 from 11:00 a.m. to 2:00 p.m.

We have contacted Mr. Pete Dinger, Miami-Dade Park & Recreation, Showmobiles, Stages, Bleachers, and South Production Agency, 22200 S.W. 137th Avenue, Miami, Florida 33170, telephone 305-226-8315, Ext. 224 regarding the rental of a stage.


The stage we requested is listed as follows:

Medium 28 x 16
Price: \$1,026.00

The stage is needed from 8:00 a.m. through 3:00 p.m.

Your assistance would be greatly appreciated if these charges could be waived from us.

Sincerely,


Olga Connor
Director
Office of Communication
and Legislative Affairs

cc: Marlene Avalo
Office of Chairman Bruno Barreiro



Olga Connor
Director, Office of Communication and Legislative Affairs
Miami-Dade County Health Department
8175 NW 12 Street, #300, Miami, Florida 33126
Tel: (786) 336-1276 Fax: (786) 336-1297
Website: www.dadehealth.org



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

MIAMI-DADE COUNTY HEALTH DEPARTMENT

8323 N.W. 12th Street, Suite 212
Miami, Florida 33126

Telephone: 786-336-1276
Fax: 786-336-1297

FACSIMILE COVER SHEET

DATE: Jul 9, 2007

TO: Marlene Avalo

FAX #: 305-643-8528

FROM: Olga Connor, Director, Office of Communication & Legislative Affairs

RE: In-Kind Application for 1350 Main Complex Groundbreaking event stage

PAGES: 7

In compliance with your email dated June 19, 2007 attached are Fee Waiver In-Kind Application and Equipment Confirmation Form with enclosures.

Should you require additional information, please let me know. We hope Commissioner Bruno Barreiro will be able to obtain the fee waiver for the stage.

COMMENTS:

"This transmission may contain material that is CONFIDENTIAL under federal and Florida statutes and is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient shall immediately notify the sender at the address or the telephone number above and obtain instruction as to the disposal thereof. Under no circumstances shall this material be shared, retained or copied by anyone other than the named addressee."

Olga Connor, B.A.
Director, Office of Communications (Media) and Legislative Affairs
Miami-Dade County Health Department
8323 S.W. 12th Street, Suite 212
Miami, Florida 33126
TEL (786) 336-1276
Olga_Connor@doh.state.fl.us
Website Address: www.dadehealth.org

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cc: Marlene Avalo ✓
Office of Chairman Bruno Barreiro



Olga Connor
Director, Office of Communication and Legislative Affairs
Miami-Dade County Health Department
8175 NW 12 Street, #300, Miami, Florida 33126
Tel: (786) 336-1276 Fax: (786) 336-1297
Website: www.dadehealth.org




Memorandum



Date: October 2, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager 

Subject: District Specific In-Kind Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization the Miami-Dade County Health Department for their 1350 Clinic Groundbreaking/Birthday Party Celebration event held on August 20, 2007.

In-kind services have been requested in an amount not to exceed \$1,026 from the Miami-Dade Park and Recreation Department for use of their medium show mobile. This event will be funded from District 5 in-kind reserve fund.

In FY 2006-07, the Miami-Dade County Health Department received a total of \$826,000 in County funding (\$814,000 from the General Fund, \$2,000 from the Office of the Chair office funds, \$5,000 from District 4 discretionary reserve, and \$5,000 from District 12 discretionary reserve).

Inkind11207